

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017277

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No.

Registrar's No. 164

FILED MAY 1 1963

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Elvins

Length of stay in 1b

2 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Francois

c. CITY
OR
TOWN ElvinsInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CORA

Middle

L.

Last

DOTSON

4. DATE OF DEATH

Month

Day

Year

April 24, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

4/24/1880

9. AGE (last birthday)

83

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Red Point, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Delshmit

13b. MOTHER'S MAIDEN NAME

Rena Adams

14. NAME OF HUSBAND OR WIFE

Daniel O. Dotson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

Marion Horton, Scott City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

20 hrs

DUE TO (b)

Arterio-sclerosis

yrs

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hemiplegia several yrs - Admitted to hospital

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 15 63 to April 24 63 and last saw her alive on April 23 1963
Death occurred at 2:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J W Zupan DO.

22b. ADDRESS

Flat River, Mo.

22c. DATE SIGNED

4/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4/24/1963

23c. NAME OF CEMETERY OR CREMATORY

Catholic Cemetery

23d. LOCATION (City, town, or county)

Carrollton, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Murphy L. Sparks Flat River, Mo. Apr 24, 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

Murphy Sparks

Licensed Embalmer No. 4250

P. O. Address

St. Louis, Mo

Note: The above **MUST** BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.